MISSOURI'S Strengthening Mental Health Initiative

October 2015

MISSOURI DEPARTMENT OF MENTAL HEALTH

NAMI Missouri
National Alliance on Mental Illness

MISSOURI COALITION FOR COMMUNITY BEHAVIORAL HEALTHCARE

October 1, 2015

Nearly three years ago, after a deeply disturbed young man shocked the nation by taking the lives of 20 innocent children at a school in Newtown, Connecticut, my administration set out to identify fiscally responsible measures we could take to improve the way we care for Missourians whose mental illness is so severe that it makes them a threat to themselves or others.

We knew that Missourians struggling with mental illnesses like schizophrenia, bipolar disorder and severe depression were often ending up in police cars, jails and emergency rooms. It was a vicious cycle that put a significant strain on law enforcement officers, courts and hospitals and left families feeling like they had nowhere to turn.

I knew we could do better with effective interventions that would help break this dangerous cycle. In my State of the State address in 2013, I called for a series of targeted investments to improve public safety and strengthen the mental health system in our state. The legislature agreed, and we have now strategically invested more than $10 million a year for the last two years in an effort to identify and care for Missourians with severe mental illnesses before they reach a crisis point, and help communities respond to those who do.

This report provides the details of the five mental health initiatives that we invested in: Community Mental Health Liaisons, Emergency Room Enhancement Projects, Mental Health First Aid training, Crisis Intervention Team training for law enforcement and Family-to-Family education programs through the Missouri Chapter of the National Alliance on Mental Illness.

We have accomplished a great deal through these initiatives to make our communities safer and heathier, but there is still work to be done. Together we must continue to help the many individuals and families faced with mental health challenges by providing the right interventions, in the right way, at the right time.

Sincerely,

Governor Jay Nixon

Table of Contents

Missouri's Strengthening Mental Health Initiative

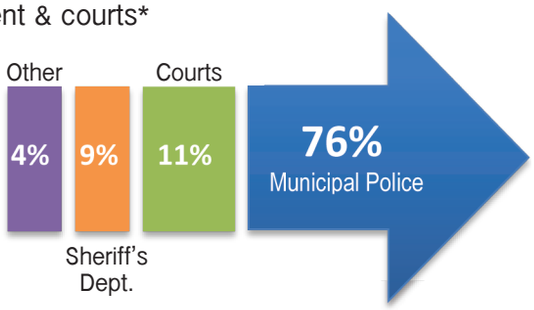
Community Mental Health Liaisons

The new Community Mental Health Liaison (CMHL) program is part of Missouri's Strengthening Mental Health Initiative. Thirty-one CMHLs work across the state to assist law enforcement and courts to link people with behavioral health needs to treatment.

Missouri's Community Mental Health Liaisons

The goal is to form better community partnerships between Community Mental Health Centers, law enforcement and courts to ***save*** valuable resources that might otherwise be expended on unnecessary jail, prison and hospital stays and to ***improve outcomes*** for individuals with behavioral health issues. Liaisons also follow-up with individuals referred to them in order to track progress and ensure success. Through the CMHL program, people with behavioral health issues who have frequent interaction with law enforcement and the courts will have improved access to behavioral health treatment.

12,961 REFERRALS
from law enforcement & courts*



69% of the referrals to CMHLs were **not** known to be receiving behavioral health services at the time of the referral.

67% of the referrals to CMHLs were ***referred to community based services.***

85% of those referrals were ***made to behavioral health treatment.***

Primary Presenting Need at Time of Referral

Currently Suicidal **25%**

Psychotic/Delusional **20%**

Harm or Threat of Harm to Self **OR** Others **16%**

MAKING THE **CONNECTION**

60% of the referrals have a behavioral health history or diagnosis of one or more of the following:

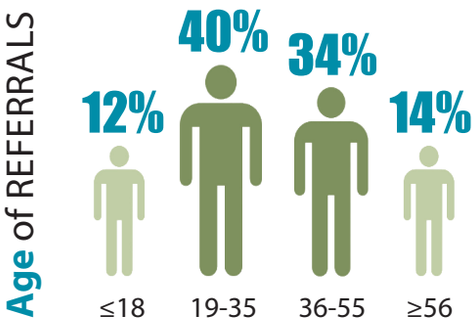
- Depression
- Bipolar Disorder
- Schizophrenia
- Schizoaffective
- Substance Use Disorder

** Data reported from November 2013 – August 2015.*

Community Mental Health Liaisons

Role of the Community Mental Health Liaison:

- Assist law enforcement and courts in locating inpatient psychiatric beds for involuntary commitments.
- Facilitate access to behavioral health services.
- Answer questions about mental health issues, diagnoses and treatments.
- Connect people with needed treatments and supports.
- Identify and address structural barriers, miscommunications and consistent patterns that reduce access to behavioral health services.
- Provide or coordinate trainings on mental health issues, substance use disorders, civil commitment, Mental Health First Aid, and suicide prevention.
- Collaborate with Mental Health, Treatment and Veterans courts as well as other specialty courts as needed.
- Participate in meetings for other court initiatives.
- Participate or assist in development of Crisis Intervention Teams (CIT) or other initiatives that assist law enforcement in helping individuals with behavioral health needs.

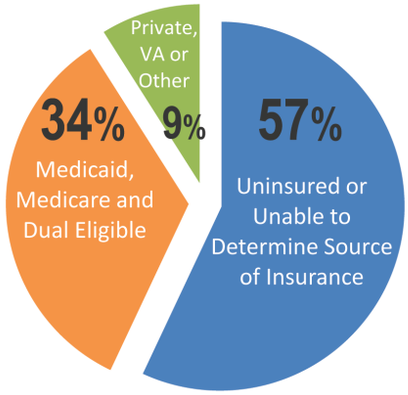


Demographics of REFERRALS

Caucasian **74%**

African American or Black **20%**

Other or Unknown **6%**



MAKING THE **DIFFERENCE**

42% Female **58%** Male

Free POST Approved Behavioral Health Training for LAW ENFORCEMENT

290 TRAININGS
3,500 OFFICERS

Peace Officer Standards and Trainings provided to law enforcement include:

- Understanding Mental Health
- Understanding Co-Occurring Conditions: Mental Health & Substance Use Disorders
- Recognizing Warning Signs of Suicide and Self-Harm
- Understanding Civil Involuntary Detention (96 Hour Holds) & Hospital Procedures
- De-Escalation: Responding to Individuals in a Mental Health Crisis
- Resiliency and Battlemind: How Officers Cope

Success Story

Finding Hope: A CMHL Links an Individual to Successful Treatment!

Prior to any CMHL involvement, Lindsey, a woman with severe mental illness, had been repeatedly calling 911 and was hospitalized 16 times. Lindsey had daily suicidal ideation, was often combative with EMS and law enforcement and would barricade herself in her closet with a weapon. Due to the frequency of emergency calls, law enforcement was considering charging Lindsey with abuse of emergency services.

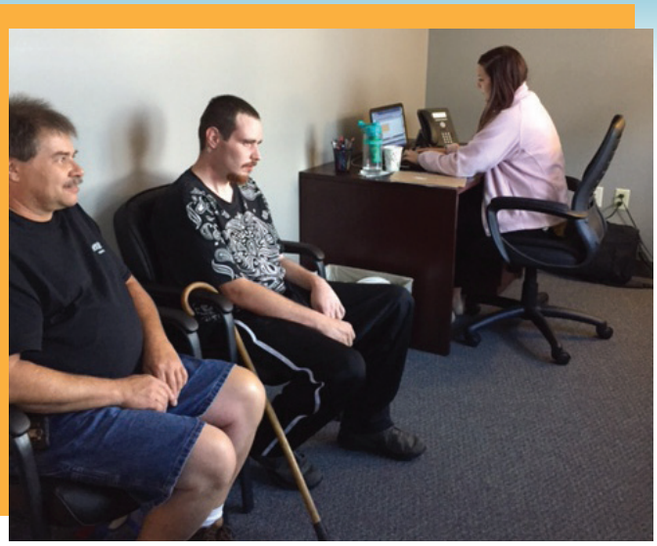
Lindsey was referred to the CMHL in December 2013. A group meeting was set-up with all service providers (including her psychiatrist, community support, 24/7 home aides, guardian, law enforcement, etc.) to discuss how to best help Lindsey. At the meeting specific steps were identified to allow for realistic change. Following the meeting, coordination of care among treatment providers was maintained. There have not been any more calls to 911 and criminal charges were not filed. As a result of improved coordination with the treatment providers, Lindsey has more effective treatment interventions. After two years, Lindsey's case is a true success story of the CMHL program!

CMHL
Community Mental Health Liaisons

"I knew we could do better with effective interventions that would help break this dangerous cycle."

-Governor Jay Nixon

Emergency Room Enhancement Projects



The Emergency Room Enhancement (ERE) projects are for people with mental illness or substance use disorders who seek treatment at emergency rooms. Stabilization can be difficult and often requires considerable time and manpower. Even when the crisis is resolved, these patients may be kept for hours—if not days—waiting for placement in psychiatric care or substance use disorder treatment.

The projects have been implemented in over 60 hospitals and health centers in seven parts of the state in order to develop models of effective intervention in the emergency room setting, creating alternatives to unnecessary hospitalization and extended emergency room stays.

Areas designated for ERE projects were Kansas City, Springfield, Columbia, Hannibal, St. Louis, Rolla, and Poplar Bluff. Planning groups were formed that included representatives from community mental health centers, substance use disorder treatment programs, hospitals and law enforcement. They were tasked with creating strategies for identifying target individuals in the ER, assessing needs, coordinating care and assuring linkage to ongoing services and supports in the community.

Outcomes:

As of August 31, 2015, there have been 2,254 individuals engaged in the ERE project. Initial and three month follow-up data has been collected on 972 people thus far. Their outcomes include:

- 60% reduction in ER use
- 60% reduction in hospitalizations
- 70% reduction in homelessness
- 54% decrease in arrests
- 28% increase in employment

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Emergency Room Enhancement Project

Current List of Hospitals and Clinics participating

1. **St. Louis** *(Behavioral Health Network)*
- Barnes-Jewish Hospital
- Betty Jean Kerr People's Health Center
- Christian Hospital
- Crider Health Center
- Mercy Hospital
- Mercy Hospital Jefferson Regional Medical Center
- SSM DePaul Health Center
- SSM St. Joseph's Health Center
- SSM St. Joseph's Health Center – Wentzville
- SSM St. Mary's Health Center
- St. Alexius Hospital
- St. Anthony's Medical Center
- St. Louis University Hospital

2. **Kansas City** *(ReDiscover, Truman BH, Tri-County MH, Comprehensive MH, Swope)*
- Centerpoint Medical Center
- Betty Jean Kerr People's Health Center
- KC Care Clinic
- Lee's Summit Medical Center
- Liberty Hospital
- North Kansas City Hospital
- Research Medical Center
- Research Psychiatric Center
- St. Luke's Hospitals
- Truman Medical Center
- Truman Medical Center – Lakewood
- Two Rivers

3. **Columbia** *(Burrell BH)*
- Boone Hospital - Columbia
- Bothwell Regional Health Center - Sedalia
- Family Health Center (FQHC)
- Katy Trail Community Health Center [FQHC] – Sedalia
- MU Emergency Medicine Department – Columbia
- MU Health Clinics
- MU Psychiatric Center
- Pettis County Health Center

4. **Springfield** *(Burrell BH)*
- Citizens Memorial Hospital – Bolivar
- Cox Health Hospital, Branson
- Mercy Hospital - Springfield
- CoxHealth North Hospital – Springfield
- CoxHealth South Hospital – Springfield
- Jordan Valley Community Medical Health Center [FQHC] – Springfield
- Mercy Hospital – Springfield
- Mercy Medical Center – Marion

5. **Rolla** *(Pathways BH)*
- Hermann Area District Hospital – Hermann
- Phelps County Regional Medical – Rolla
- Salem Memorial District Hospital - Salem

6. **Hannibal** *(Mark Twain BH)*
- Blessing Hospital-Quincy
- Centerpointe Hospital
- Clarity (FQHC)
- Gutensohn Clinic
- Hannibal Clinic
- Hannibal Free Clinic
- Hannibal Regional Hospital – Hannibal
- Macon Family Health
- MUPC*
- NECAC Family Planning Clinic
- Northeast MO Health Council (FQHC)
- Northeast MO Rural Health Network
- Northeast Regional Medical Center - Kirksville
- Palmyra Free Clinic
- Putnam County Hospital
- Putnam County Rural Health Clinic
- Quincy Medical Group
- Scotland County Hospital
- SSM*

7. **Poplar Bluff** *(Family Counseling Center)*
- Missouri Highland Healthcare-Naylor
- Pemiscot Memorial Hospital - Hayti
- Poplar Bluff Regional Medical Center – Poplar Bluff
- Twin Rivers Regional Medical Center - Kennett
- Whole Health-Ellington

**Hospital counted in 2 Regional Sites*

Success Story

David was referred to the Pathways Emergency Room Enhancement (ERE) project in October 2014. He was in custody of the Children's Division and had been placed in an Independent Supported Living arrangement. At the time of referral, David had seven ER visits and multiple hospitalizations in several different behavioral health facilities, often returning to the ER or inpatient unit within 24 hours of discharge. He was staffed through the ERE team which assisted in developing a plan for him. The ERE team referred David to the agency's Behavioral Resource Team and a behavior analyst. The ERE team assisted David and his supported living staff in establishing a relationship with a primary care physician, a psychiatrist for his behavioral health medication management, and a therapist. His staff received additional training to assist with David's high behavioral needs and have been allowed to adjust staffing patterns to support his needs. David has not had any ER visits or mental health hospitalizations since the ERE team intervention.

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–Governor Jay Nixon

Crisis Intervention Team (CIT) Training for Law Enforcement

CIT Training is designed to:

- **Improve the outcome of police interactions with people with mental illness by de-escalating crisis situations;**
- **Decrease the use of force by officers; and**
- **Increase mental health consumers' access to community treatment options.**

This program guides individuals to appropriate mental health services and offers support instead of sending them directly to the criminal justice system. The 40-hour training covers mental illness, crisis response, active listening, tactical communication/de-escalation and mental health law. CIT officers learn basic assessment skills for handling situations involving individuals in mental crisis and are provided with knowledge of local behavioral health services. CIT serves as both a jail diversion as well as a means to mental health assistance. CIT is most effective when law enforcement, mental health providers, individuals living with mental illness and family and community leaders work together.

CIT Councils in Missouri:

- Bootheel Area
- Capital Area
- Franklin County
- Greene County
- Jefferson County
- Joplin / Jasper County
- Linn County
- Kansas City (Mid America CIT Council)
- Mid-Missouri
- Nevada / Vernon County
- Perry County (in development)
- Pettis and surrounding counties (in development)
- St. Charles / Lincoln / Warren / Pike Counties
- St. Francois / Iron Counties
- St. Louis Area

The Missouri CIT Council provides assistance to local law enforcement agencies wishing to establish a CIT program for their communities.

Missouri CIT Council

to educate Law Enforcement in Crisis Intervention Team Training

Success Story

When Officer B. responded to a call regarding a suicidal juvenile, he first encountered the parents at the home. They stated their son had locked himself in his basement bedroom and was armed with a knife. Making verbal contact with the youth through the door, the Officer noted the subject sounded angry, irrational and was making repeated threats to harm himself if the Officer entered the room. Through a patient dialogue and utilizing his CIT training techniques, the Officer established rapport with the young man. He was able to convince the subject to slide the knife out under the door, but the size of the knife handle prevented this. The Officer then obtained a key, stepped securely on the knife blade and opened the door. At this time, the subject advised Officer B. that he wanted to die. Officer B. continued to listen and converse with the young man, eventually taking him into protective custody without incident for transport to a psychiatric evaluation. There were no injuries to either party.

Under Governor Nixon's initiative, over 1,200 law enforcement personnel in Missouri have been trained on how to approach and assist individuals who are in mental health crisis.

Mental Health First Aid Training

What is Mental Health First Aid?

Mental Health First Aid (MHFA) is an eight-hour course that teaches participants how to help individuals experiencing a mental health crisis. The course uses role-playing and simulations to demonstrate how to assess a mental health crisis, provide initial help and connect persons to supports and resources.

Mental Health First Aid allows for early detection and intervention by teaching participants about the signs and symptoms of specific illnesses like anxiety, depression, schizophrenia, bipolar disorder, eating disorders, and substance use disorders. The program offers concrete tools and answers key questions like, "What can I do?" and "Where can someone find help?" Participants are introduced to local mental health resources, national organizations, support groups, and online tools for mental health and substance use disorder treatment and support. Certified instructors teach the program.

There are over 23,000 Missourians who have been trained in MHFA, which includes 4,000 trained under Governor Nixon's initiative.

Youth Mental Health First Aid

Youth Mental Health First Aid is designed to teach neighbors, teachers, parents, peers, and caring citizens how to help a youth or teen who is experiencing a mental health or substance use challenge or crisis. The course discusses mental health challenges for youth, reviews typical adolescent development, and provides guidance through the ALGEE action plan for both crisis and non-crisis situations.

Governor Nixon and guest speaker/comedian Kevin Breel at a MHFA Training. Breel shared his "Confessions of a Depressed Comic."

ALGEE ACTION PLAN

Assess for risk of suicide or harm

Listen nonjudgmentally

Give reassurance and information

Encourage appropriate professional help

Encourage self-help and other support strategies

Mental Health First Aid USA is coordinated by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.

NAMI Family-to-Family and NAMI Basics Programs

National Alliance on Mental Illness (NAMI) Family-to-Family

NAMI Family-to-Family is a free, 12-session educational, evidence-based program for family, significant others and friends of people living with mental illness. Research shows that the program significantly improves coping and problem-solving abilities of the people closest to an individual living with a mental disorder. Family-to-Family is taught by NAMI-trained family members and includes presentations, discussion and interactive exercises.

NAMI Basics

NAMI Basics is a free, six-week educational program for parents and family caregivers of children and teens who are experiencing symptoms of a mental illness or who have already been diagnosed. It is offered in a group setting so people can connect with others face-to-face. They learn the facts about mental disorders and how best to support their child at home, at school and when they're getting medical care. The course is taught by a trained team with lived experience. They know what others are going through because they've been there. The program provides critical strategies for taking care of their child and learning the ropes of recovery.

NAMI Missouri is one of just three state NAMI organizations in the nation that has forged a successful partnership with the foster care system. The Basics course now qualifies for foster parent continuing education credit.

You are not alone. Recovery is a journey, and there is hope.

More than 900 family members of loved ones suffering from serious mental illness have received training and education provided by the Missouri Chapter of the National Alliance on Mental Illness.

Success Stories

A man and his wife signed up for the Family-to-Family (FTF) course when they were struggling to understand his father's bipolar illness. They were exhausted by his rapid mood swings and other symptoms and were desperate to learn what they could do to help. The experience had been so traumatic that they revealed they had chosen not to have children for fear their child would inherit the disorder.

In Family-to-Family they learned about how the brain functions, the impact of medical treatment and the resources available to them. They practiced new coping skills and received support from others who had walked in their shoes. They came to understand genetics and inheritance of mental illness and learned that a person can recover and live a productive, fulfilling life. Their son was born the next year.

Taking the FTF course was so profound that the man became a course volunteer teacher. He gained the knowledge and skills needed to educate and support other families. He now helps them through their isolation and crisis into empowerment.

A Mother's Story:

My son got sick around the age of four, and by the age of eight, he was hospitalized in a psychiatric treatment facility. That kicked off a long succession of therapists, doctors and social workers. For nine years my son struggled with bipolar disorder, generalized anxiety disorder, Attention Deficit Hyperactivity Disorder (ADHD) and borderline personality disorder. During that time, he was hospitalized almost 40 times and had been in nine different children's psychiatric residential treatment programs across the state. Violent mood swings and multiple arrests followed by countless suicide attempts was his normal. My weekends were spent driving to Cape Girardeau, Windsor, Kansas City, Marshall, St. James, Columbia, Du Paul or St. Charles, hoping he was well enough for a visit. Birthdays and holidays would come and go; some we were able to spend together, and some we weren't. This illness stole his childhood, and my ability to raise him at home. I blamed my son for his erratic behavior and myself for not being able to handle it. I felt shame, anger, resentment and guilt for somehow having been the cause of all this. Then, I found NAMI.

Through NAMI, I received support, kindness, compassion and knowledge from the Basics educational program. I realized that I was not alone, that there were so many other families going through greater and lesser degrees of these same types of struggles. The course gave me a level of acceptance and understanding about each of my son's diagnoses that I didn't have. It also played a pivotal role in helping me advocate for other methods of treatment. We eventually found a treatment modality that helped my son into recovery. Through hard work and the tenacity of some very dedicated mental health professionals, my son is home and healthy after having spent nine years in mental health facilities. On July 11, 2015, we celebrated the anniversary of him being home for one year. He's in the 10thgrade, goes to public school, plays on the football team, manages his own medication and has successfully completed his Dialectical Behavior Therapy program.

There will likely be setbacks along the way, because such is the nature of a chronic mental illness. What's different now, is that both he and I have the tools we need to deal with it in a healthy, positive way and that would not have been possible without NAMI. "Two steps forward, one step back," is still one step ahead.

Resource and Contact Information

If you would like additional information regarding any of these programs, please contact the following:

Community Mental Health Liaisons
Brent McGinty, President/CEO
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Emergency Room Enhancement Projects
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Crisis Intervention Team Training
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This report was produced by the
Missouri Department of Mental Health
in cooperation with the
Missouri Coalition for Community Behavioral Healthcare,
National Alliance on Mental Illness and the Governor's Office

MISSOURI DEPARTMENT OF MENTAL HEALTH

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